

Amend the remaining claims as follows:

*Sub D1*  
15. (Amended) In a method of treating infertility disorders by administering an LH-RH Antagonist and inducing follicle growth by administration of exogenous gonadotropin, the improvement of administering an amount of LH-RH Antagonist *in an amount effective* [so low as to] only to suppress endogenous LH, while *FSH* secretion is maintained at a natural level and individual estrogen development is not affected.

*Sub C1* 18. (Amended) The method according to claim 15 wherein after the inhibition of the action of natural LH caused by the LH-RH Antagonist, the follicle development is not externally stimulated [(e.g. by the addition of gonadotropins)] but maintained by endogenous gonadotropins.

*Sub D3* 19. (Amended) The method according to claim 18 wherein after the inhibition of the action of natural LH caused by Cetrorelix, the follicle development is not externally stimulated [(e.g. by the addition of gonadotropins)] but maintained by endogenous gonadotropins.

*Sub C2* 20. (Amended) The method according to claim 16 wherein Cetrorelix is administered subcutaneously in an amount [from 0,1 to 1 mg per days] *of about 0.25 mg or higher per day* during a multiple dosing posology.

*B4* 26. (Amended) The method of claim [11] 16 in which